

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009275

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 572

STATE FILE NUMBER

FILED MAR 2 1962

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Normandy

Length of stay in lb
5 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Normandy Osteo. Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)
a. STATE Missouri COUNTY St. Louis

c. CITY OR TOWN Pagedale

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1221 Griefield Place

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
Harold R Lippert

4. DATE OF DEATH Month Day Year
February 15 1962

5. SEX
male

6. COLOR OR RACE
white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
9-4-1901

9. AGE (last birthday)
51

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Clerk

10b. KIND OF BUSINESS OR INDUSTRY
Wabash Railroad

11. BIRTHPLACE (City and state or country)
St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME
William Lippert

13b. MOTHER'S MAIDEN NAME
unknown

14. NAME OF HUSBAND OR WIFE
Leona Lippert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
[redacted]

17. INFORMANT Address
Mrs. Leona Lippert, 1221 Griefield Pl

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Circulatory Failure
Chemical Peritonitis
Acute Hemorrhagic Pancreatitis

INTERVAL BETWEEN ONSET AND DEATH

Acute
3 days
4 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

Yes ☐ No ☐ Unknown ☐

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2/12/62 to 2/15/62 and last saw him alive on 2/15/62
Death occurred at 11:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
[Signature]

22b. ADDRESS
6820 Page

22c. DATE SIGNED
2/16/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE
Feb. 20, 1962

23c. NAME OF CEMETERY OR CREMATORY
Bellefontaine Cemetery

23d. LOCATION (City, town, or county)
St. Louis

(State)
Missouri

24. FUNERAL DIRECTOR ADDRESS
Math Hermann & Son, Inc., 2161 E. Fair Av
St. Louis, 7, Missouri

25. DATE RECD. BY LOCAL REG.
2-19-62

26. REGISTRAR'S SIGNATURE
[Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

14031

24035

3

4 0

5 1

6

7 0

8 1

95870

10

11

1243-2

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Oliver W. Natz

Licensed Embalmer No. 3737

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.